



# State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 06/02/2005

Effective Date: 06/02/2005

Business ID: 327343

William M. Gardner

Secretary of State

VIZAS REAL ESTATE, LLC

71 TRUELL RD  
HOLLIS, NH 03049

ENTITY TYPE: LLC  
BUSINESS ID: 327343  
STATE OF DOMICILE: NEW HAMPSHIRE  
FEDERAL ID: 020511463

TO OWN REAL ESTATE; ANY LAWFUL ACT

## ADDRESS OF PRINCIPAL OFFICE:

71 TRUELL RD  
HOLLIS, NH 03049

## REGISTERED AGENT AND OFFICE:

ALEXANDER SKLAVOUNOS  
71 TRUELL RD  
HOLLIS, NH 03049

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address \_\_\_\_\_  
☐ The new principal office address \_\_\_\_\_

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME Alexander G Sklavounos  
STREET 71 Truell Rd  
CITY/STATE/ZIP Hollis, NH 03049  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME Alexander G Sklavounos  
STREET 71 Truell Rd  
CITY/STATE/ZIP Hollis, NH 03049  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: \_\_\_\_\_

Please print name and title of signer: \_\_\_\_\_

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_

State of New Hampshire  
Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FORM  
PUBLIC DOCUMENT  
REQUIRED INFORMATION



T0516545036

IF IT WILL BECOME A  
PUBLIC DISCLOSURE  
REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE  
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529